

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 91971054
FILING DATE
APPLICANT(S)

319101 CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13	1			
14	1			
15				
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25				
26				
27				
28				
29	1			
30	1			
31	1			
32	1			
33	1			
34	1		1	
35	1		1	
36	1		1	
37	1		1	
38	1		1	
39	1		1	
40	1		1	
41	1		1	
42			1	
43			1	
44			1	
45			1	
46			1	
47			1	
48			1	
49			1	
50			1	
TOTAL IND.		1	1	
TOTAL DEP.	14	14	14	
TOTAL CLAIMS	15	15	15	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL DEP.								
TOTAL CLAIMS								